County of BUREAU OF VITAL STATISTICS State Index No. 1533 District of ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 311 Town of Or City of No. St. Ward) FULL NAME OF CHILD If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive No. 1 Sex of Twin, Child Triplet or other or	PLACE OF BIRTH	ARIZONA STAT	E BOARD OF HEALTH	
Town of or City of No. St. Ward) FULI. NAME OF CHILD If child is not named, make Supplemental Report on blank obtainable from local registrar. Sex of Twin, Triplet or other and in order to make? Birth (Month) (Day) (Yr.) Full RATHER Maider Maider Maider Maider Maider Manne Claud Morther Manne Color of Birth Manne Color of Race Birthday (Years) Birthplace Color of Race Birthday (Years) Birthplace Occupation Machine Maider Maider Maider Maider Manne Claud Mage at last Birthday (Years) Birthplace Occupation Machine Maider Mai	County VIIII		041	
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